CIMA Enrolment Form PROFESSIONAL



Bookings can also be made via **PHONE**, **ONLINE** and **EMAIL**. Please see **reverse** for details.

Please complete all parts of the Enrolment Form in **BLOCK CAPITALS**

Your Details	Your Employer's Details (only complete if your employer is
Title (Mr/Mrs/Ms/Miss)	funding your studies) Company Name
Surname	Company Registration Number
First name(s)	Training Manager's Name (Mr/Mrs/Ms/Miss)
Date of Birth / /	
Address	Training Manager's Tel. Number
	Training Manager's Email Address
Post Code	
Home Phone	
Mobile Phone	Work Address
Work Phone	
Please provide an email address you have access to during and outside office hours. All communications, including those relating to your online learning	Post Code
and resources, will be sent to this email address.	
Email Address	Your Signature
	I confirm that I have read, understood and accept the terms & conditions
CIMA Registration Number	and privacy policy detailed on www.htftpartnership.co.uk
Note: It is your responsibility to complete the CIMA registration formalities	Your Signature Date
and enter the CIMA examinations.	
DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and atter MARKETING POLICY – From time to time we would like to contact you with course information.	ndance unless your sponsor chooses not to receive this information tion, news and offers which we think you might find useful. If you would prefer not to receive
these please tick here \Box	
EXAM RESULTS – Within the terms of this agreement you agree to HTFT obtaining your example.	m results from CIMA. If you do not wish the CIMA to share your results with us tick here \Box
Payment Option 1: Your Employer is Sponsoring You	
Partnership have been granted in respect of the student and undertake to inform you in w	ent of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities with HTFT riting promptly of any change to this arrangement. We understand that we are fully responsible nation of employment or course cancellation). We confirm that we have read, understood and
Employer Signature	Name
Purchase Order Number	Contact Name
Invoice Address (if different to work address above)	
	Post Code
Email Address for invoices to be sent to:	



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HTFT	Operational			Management				Strategic				
PARTNERSHIP Providing an innovative accountancy learning solution	E1 EO	P1 PO	F1 FO	ocs	E2 EM	P2 PM	F2 FM	MCS	E3 ES	P3 PS	F3 FS	scs
HTFT CIMA Resit	99	99	99	499	99	99	99	499	99	99	99	499
Tick												
Total Per Paper (£)												

Total Course Fees	£	

Payment Option 2: Cheque / Online					
☐ I enclose a cheque for £ made payable to HTFT Partnership Limited					
☐ Bank transfer for £					
Bank Name: HSBC Bank account name: HTFT					
Bank address: 34 Popular Road, Solihull, West Midlands, B91 3AF					
Sort code 40-42-12					
A/C number 92317591 (Include your CIMA ID number as a reference)					
☐ I would like to pay by debit/credit card (HTFT will invoice you for £)					

Return Details



Please complete, scan and return this form to:

bookings@htftpartnership.co.uk or post to:

5 Campion Way, Dickens Heath, Solihull, B90 1RX

For additional queries please call: **0121 745 8842**

